

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011321

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 81

STATE FILE NUMBER

FILED APR 9 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>GRUNDY</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SPICKARD</u>	a. STATE <u>MO</u>	b. COUNTY <u>GRUNDY</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>HOME</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED		4. DATE OF DEATH	
First <u>JACOB</u>	Middle <u>RICHARD</u>	Last <u>BROWN</u>	Month <u>APRIL</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-16-1884</u>	
9. AGE (last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (City and state or country) <u>MERCER CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JASPER BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH RECTOR</u>	
14. NAME OF HUSBAND OR WIFE <u>AMANDA BROWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>AGNES RILEY SPICKARD MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		-1 day-	
IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u>		2 years	
DUE TO (b) <u>Generalized paralysis of Parkinsons disease</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from <u>Sept. 26, 1956</u> to <u>March 31, 1963</u> and last saw him alive on <u>March 31, 1963</u> Death occurred at <u>8:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank H. Johnson</u>		22b. ADDRESS <u>Princeton MO</u>	
22c. DATE SIGNED <u>4/3/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-4-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRUMMETT CEMETERY</u>	23d. LOCATION (City, town, or county) <u>MERCER CO. MO.</u>
24. FUNERAL DIRECTOR <u>WISE FUNERAL HOME SPICKARD MO</u>	25. DATE RECD. BY LOCAL REG. <u>April 3, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.